

Department of Developmental Services

DDS Waiver Rates and Cost Guidelines

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Adult Companion (See Comment at end of document)	Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included.	Agency Provider	Hourly	\$17.11
	Examples include: Providing companionship and social interactions, assistance to or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping, though these activities are not performed as discrete services or for more than 20% of time worked.	Self-Directed	Hourly	\$10.50 - \$12.46
Personal Support	Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home HealthCare services. Provision of services is limited to the person's own or family home and/or in their community	Agency Provider	Hourly	\$27.09
		Self-Directed	Hourly	\$12.50 - \$17.00
Individualized Home Supports (See Comment at end of document)	Assist with the acquisition, improvement and /or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day. Examples of the type of support that may occur in these settings include: <ul style="list-style-type: none"> • Provision of instruction and training in one or more need areas to enhance the individual's ability to access and use the community • Implement strategies to address behavioral, medical or other needs identified in the Individual Plan; • Implement all therapeutic recommendations including Speech, O.T., P.T., and assist in following special diets and other therapeutic routines • Mobility training or Travel training • Training or practice in basic consumer skills such as shopping or banking • Assisting the individual with all personal care activities. 	Agency Provider	Hourly	\$29.00
		Self-Directed	Hourly	\$17.00 - \$22.35

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Respite (See Comment at End)	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. This service may be self-directed. Service Settings Consumer's home, home of Qualified Respite Provider, DDS operated Respite Centers, Private Certified Respite Homes, community locations, approved respite facilities. Examples: Weekend stay at certified respite provider's home, four hours of in-home respite relief for parents, Saturday group respite at a community center, and attendance at approved respite/camp facilities.			
	Agency Provider	Group Level 1	Daily	\$128.07
		Group Level 2	Daily	\$162.68
		Group Level 3	Daily	\$220.27
		In-Home 1:1	Daily	\$302.06
		In-Home 1:2	Daily	\$188.79
		Out-Home 1:1	Daily	\$329.44
		Out-Home 1:2	Daily	\$216.17
		Group Level 1	Hourly	\$9.53
	Self-Directed	Group Level 2	Hourly	\$12.40
		Group Level 3	Hourly	\$17.21
		In-Home 1:1	Hourly	\$25.17
		In-Home 1:2	Hourly	\$15.76
		Out-Home 1:1	Hourly	\$26.31
		Out-Home 1:2	Hourly	\$16.89
		In-Home 1:1	Daily	\$208.54
		In-Home 1:2	Daily	\$149.53
		Out-Home 1:1	Daily	\$244.95
		Out-Home 1:2	Daily	\$163.09
		In-Home	Hourly	\$10.50 - \$19.00
Live-In Caregiver	When a waiver service such as Individualized Home Supports or Personal Support is provided by an unrelated, live-in caregiver, funding is available to cover the additional costs of rent and food that can be reasonably attributed to the unrelated live-in personal caregiver who resides in the waiver participant's home. The reimbursement for the increased rental costs will be based on the DDS Rent Subsidy Guidelines and will follow the limits established in those guidelines for rental costs. The reimbursement for food costs will be based on the USDA Moderate Food Plan Cost averages. Payment will not be made when the participant lives in the caregiver's home or in a residence that is owned or leased by the service provider.	Self-Directed	Monthly	Rent Subsidy Guidelines

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Transportation	<p>Service offered in order to enable individuals served under the Waivers to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service may be self-directed.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Travel to and from day program, travel for shopping or recreation. • In group transportation models, the rate includes the driver of the vehicle <p>This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized. Payment for service may not be made when provided by the parent of a minor child or the individual's spouse, or when delivered by other family members who would normally provide the service for the individual without charge as a matter of course in the usual relationship among members of a nuclear family.</p>	Agency Provider Handicapped Accessible	Mile	\$0.87
		Agency Provider	Mile	\$0.43
		Agency Provider	Trip	\$25.25 (Cap)
		Self-Directed	Mile	\$0.43
		Self-Directed	Trip	\$25.00 (Cap)
Healthcare Coordination	<p>Assessment, education and assistance provided by a registered nurse to those waiver participants with identified health risks, who, as a result of their intellectual disability, have limited ability to identify changes in their health status or to manage their complex medical conditions. These participants have medical needs that require more healthcare coordination than is available through their primary healthcare providers to assure their health, safety and well-being. Support provided includes, but is not limited to, the following: train/retrain staff on interventions, monitor the effectiveness of interventions, coordinate specialists, evaluate treatment recommendations, review lab results, monitor, coordinate tests/results, and review diets.</p>	Agency Provider or Self-Directed	Hourly	\$71.71

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Clinical Behavioral Support Services (formerly Consultant Services)	<p>Clinical and therapeutic services which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. Professional clinical services include:</p> <ul style="list-style-type: none"> • Assess and evaluate the behavioral and clinical need(s); • Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments; • Provide training to the individual's family and the support providers in appropriate implementation of the behavioral support plan and associated documentation; and, • Evaluate the effectiveness of the behavioral support plan by monitoring the plan on a monthly basis, and by meeting with the team one month after the implementation of the behavior plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation 	Provider	Hourly	\$121.20
Individual Goods/Services Supervisor	<p>This service may be used by an individual to hire an employee as a supervisor to assist with the day to day coordination of services and with day-to-day supervision of direct hire employees. The Self Direction Supervisor must be an objective third party. Examples of</p> <ul style="list-style-type: none"> • Assistance with day-to-day supervision of staff to meet the outcomes outlined in the Individual Plan • Training and assistance with daily oversight of staff including the completion of timesheets and documentation of services provided • Training and assistance with implementing an emergency back-up plan; • Training and assistance with accessing community services and day-to-day coordination of approved services; • A Self Direction Supervisor cannot be a legal guardian of a person or an immediate relative (mother, father or sibling). 	Provider	Hourly	
Nutrition	Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and paid support staff.	Provider	Hourly	\$71.73
Interpreter Services	Service of an interpreter to provide accurate, effective, and impartial communication where the waiver recipient or representative is deaf or hard-of-hearing or where the individual does not understand spoken English. This service may be self-directed.	Agency Provider or Self-Directed	Hourly	\$55.18

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Independent Support Broker	Support and Consultation provided to individuals and/or their families to assist them in directing their own plans of individual support. This service may be self-directed. Examples: <ul style="list-style-type: none"> • Assistance with managing the Individual Budget; • Support with and training on how to hire, manage and train staff; • Assistance with negotiating service rates with Provider agencies. • Accessing community activities and services including helping the individual and family with day-to-day coordination of approved services; • Developing an emergency back-up plan; • Self-advocacy training; • Assistance with developing a circle of support 	Agency Provider	Hourly	\$52.02
		Self-Directed	Hourly	\$40.42
Individual Supported Employment	A supported employment placement strategy in which an employment specialist (job coach) places a participant into competitive employment through a job discover process, provides training and support, and then gradually reduces time and assistance at the worksite. This service option may also include development and on-going support for self employment by the participant. This assistance consists of: (a) assisting the participant to identify potential business opportunities; (b) assisting the participant in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the participant to operate the business; and, (d) ongoing assistance, counseling and guidance once the business has been launched.	Agency Provider or Self-Directed	Hourly	\$47.47
Group Supported Employment B includes Paid Leave for Consumer	Group Supported Employment (GSE): a) A supported employment situation in a competitive employment environment in which a group of participants with disabilities are working at a particular work setting. The participants may be disbursed throughout the company and among workers without disabilities or congregated as a group in one part of the business; or b) Mobile Work Crew: A group of participants who perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor).	Agency Provider	Hourly Hourly with B	

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Day Support Options	<p>Services and supports lead to the acquisition, improvement, and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure, and retirement activities. Examples:</p> <ul style="list-style-type: none"> • Develop and implement an individualized support plan; • Develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting, etc.; • Assist in developing and maintaining friendships of choice and skills to use in daily interactions; • Develop work skills; • Provide opportunities to earn money; • Provide opportunities to participate in community activities. 	Agency Provider	Hourly	
Sheltered Employment B Included Paid Leave for Consumer		Agency Provider	Hourly Hourly with B	
Staff Modifier (Group Services and Respite Only)	This modifier is used when an individual has specific needs that require and intensive services, and is only applied for the time that this intensive service is needed.	Agency Provider	Hourly	
Adult Day Health Services	Adult day health services are provided through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structure, comprehensive program that provides a variety of health, social and related support services including, but not limited to, socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of a day. There are two different models of adult day health services: the social model and the medical model. Both models shall include the minimum requirements described in Section 17b-342-2(b)(2) of the DSS regulations. In order to qualify as a medical model, adult day health services shall also meet the requirements described in Section 17b-342-2(b)(3) of the DSS regulations.	Agency Provider Social Model (Qualified by DSS) Agency Provider Medical Model (Qualified by DSS) Agency Provider Half-Day	Daily Daily 1/2 Day	\$66.84 \$70.92 \$44.99

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Individualized Day Supports	Services and supports provided to individuals tailored to their specific personal outcomes related to the acquisition, improvement, and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, or for an individual who has their own business, and could not do so without this direct support. This service may be self-directed. This service includes the transportation required by the individual to participate in these activities. Examples: <ul style="list-style-type: none"> • Develop and implement an individualized support plan; 	Agency Provider	Hourly	\$ 31.71 Cap (Negotiated Rate)
	Develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting, etc.; <ul style="list-style-type: none"> • Assist in developing and maintaining friendships of choice and skills to use in daily interactions; • Provide support to explore job interests, retirement options; • Provide opportunities to participate in community activities; • Provide support to complete work or business activities; Training and supervision to increase or maintain self-help, socialization, and adaptive skills to participate in own community.	Self-Directed	Hourly	\$12.50 - \$22.35
Personal Emergency Response System (PERS)	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.	Installation	1X	\$35.35
		Fee	Monthly	\$58.91
Specialized Medical Equipment & Supplies	Devices, controls or appliances specified in the Individual Plan, which enable individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Examples: Generators, adaptive switches or controls, specialized communication devices.			\$750/year with prior approval \$5,000/five years

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Environmental Modifications	<p>Those physical adaptations to the home which are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Examples:</p> <p>Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies, which are necessary for the welfare of the individual.</p> <p>Service Utilization: Up to \$15,000 over the term of this waiver (five years).</p>			Up to \$15,000 over the term of the waiver
Vehicle Modification	<p>Alterations made to a vehicle that is the individual's primary means of transportation when such modifications are necessary to improve the individual's independence and inclusion in the community, and to avoid institutionalization. The vehicle may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of such services. This service explicitly excludes: 1) adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit of the individual; 2) purchase or lease of a vehicle; 3) regular scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.</p> <p>Service Utilization: Up to \$10,000 over the term of this waiver (five years). Once this cap is reached, \$750 per individual per year may be allowable for repair, replacement or additional modification with prior approval.</p>			Up to \$10,000 over the term of the waiver
Parenting Support	<p>Parenting Support Services assists eligible consumers who are or will be parents in developing appropriate parenting skills. Individual training and support will be available. Parents will receive training that is individualized and focused on the health and welfare and developmental needs of their child.</p>	Agency	Hourly	\$52.02
		Self-Directed	Hourly	\$40.42
Peer Support	In Development	Agency	Hourly	\$27.09
		Self-Directed	Hourly	\$12.50 - \$17.00
Shared Living	In Development	Agency Self-Directed		
Training and Counseling Services for Unpaid Caregivers	In Development	Self-Directed	Hourly	\$150*

Type of Support	Description	Type of Provider	Unit	Fee/Rate/Range
Direct Hire - Working with Multiple Individuals	<p>Staff who are hired directly by individuals/families supported by DDS have at times worked with more than one direct hire family/individual at a time. This presents numerous management and programmatic challenges. In order to effectively manage these situations, DDS has developed the following guidelines:</p> <ul style="list-style-type: none"> • Direct Hire staff may work with no more than two individuals at one time only within the following support types: Individualized Home Support, respite, Adult Companion and Personal Support. Exceptions may be made for individuals residing within the same household using the DDS prior approval process. • Families/individuals must agree to work with another individual in advance and this agreement must be reflected in the individual plan and noted in the comment section of IP6. • The time entered on the employee timesheet for time worked with two individuals will be split between the individuals. For example: two hours spent supporting two people together, should be billed as one hour of support for each person at their individual negotiated hourly rate. Family Agreement will document the hours of support and if the support time is to be shared with another consumer. 			

* To be billed monthly or bi-monthly delineated in the Individual Plan.